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PREPARE IN DUPLICATE										
I. TITLE OF REPORT (if a fill-in report include Form No.)								X STATI	STICAL	
Nomenclature 5x8 Cards							OF REPORT	MARRA MAGHI	NE-NAME LISTING	
PERSONNEL				TRAINING			ADMIN. GENERAL			
3. FUNCTIONAL AREA	LOGISTICS		SECURITY FINANCE			OTHER (specify)				
4. NO. OF COPIES PREPA	MEDICAL FINANCE 5. FREQUENCY (weekly, monthly, quar				etc.) 6. DISTRIBUTION (No. of components not number of copies)					
l Semi				-Monthly				1		
7. FORMAT (memorandum, form 8. ADP PROCESSING 9. DIRECTIVE AUTHORITY REQUIRING REPORT										
computer print-out, etc) X YES IF YES GIVE ADP PROCESSING NO. Computer Print-Out NO 406										
10. PREPARING COMPONENT (include lowest level										
contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.)										
OCS, OL/SD/SMB/GMMS										
12. COST FACTORS										
A. MANUAL PREPARATION AND REVIEW COSTS HOURLY THOURS PER COST PER TIMES TIMES										
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B. COSTS OF COMPUTER PRODUCED REPORTS										
			;	19.50	24		468.00		.00	
TOTAL COSTS PER YEAR 2,969.40										
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.										
The nomenclature cards are retained as permanent records and are a basic reference data base.										
14. FUTURE GOALS										
GOAL PROPOSED BY COMPONENT FOR THIS REPORT ES									TED SAVINGS	
X RETAIN AS IS OTHER (explain) MAN-HO									DOLLARS	
DISCONTINUE										
16. DATE OF INVENTORY 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION 18. EXTENSION										
5 Oct 19 Approved For Release 2006/09/25\CC/ALROP75\000399\0000100120164-3										
FORM 142				Classific	ation		- The state of the		(22-36-43)	

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